
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	Statement of Good Health (2012)		
Project Name/Number:	/		

Filing at a Glance

Company:	Thrivent Financial for Lutherans
Product Name:	Statement of Good Health (2012)
State:	Arkansas
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	Form
Date Submitted:	08/07/2012
SERFF Tr Num:	THRV-128586584
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	
Date Requested:	
Author(s):	Karen Guyette, Matt Holderness, Jane Larson
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Statement of Good Health (2012)
Project Name/Number: /

Filing Company: Thrivent Financial for Lutherans

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/20/2012
State Status Changed: 08/20/2012
Deemer Date: Created By: Karen Guyette
Submitted By: Karen Guyette Corresponding Filing Tracking Number: THRV-128572645

Filing Description:

The following application form is being submitted for your review and approval:

Form 26817 N1-12, Statement of Good Health

This form replaces form 367 COD which was approved by your Department on 1/17/1996. It includes medical questions to update insurability from the date of application to the date of contract delivery when the premium is collected. It will be used with the following applications whenever no premium is collected at time of application:

- 1) Application for Individual Life Insurance, form 20538 R10-08, which was approved by your Department on 6/06/2008.
- 2) Application for Long-Term Care Insurance Rider, form 26787 N9-10, which was approved by your Department on 8/09/2010.
- 3) Application for Individual Long-Term Care Insurance, form 27154 N1-12, which was submitted to your Department for review and approval on 8/07/2012 (SERFF Tracking No. THRV-128572645).
- 4) Medicare Supplement Insurance Application, form 23798AR R1-10, which was approved by your Department on 1/22/2010.
- 5) Application For Disability Income Insurance, form D8027AR N6-2000, which was approved by your Department on 8/25/2000.
- 6) Simplified Issue Disability Income (DI) Insurance New Business Application, form 23772AR N9-05, which was approved by your Department on 5/31/2005.

Company and Contact

Filing Contact Information

Karen Guyette, Compliance Specialist II karen.guyette@Thrivent.com
625 Fourth Ave. South 800-847-4836 [Phone] 37251 [Ext]
Minneapolis, MN 55415 612-340-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

Filing Fees

SERFF Tracking #: THRV-128586584

State Tracking #:

Company Tracking #:

State: Arkansas
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Statement of Good Health (2012)
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

Company	Amount	Date Processed	Transaction #
Thrivent Financial for Lutherans	\$50.00	08/07/2012	61476219

SERFF Tracking #:	THRV-128586584	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
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Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/09/2012	08/09/2012

Response Letters

Responded By	Created On	Date Submitted
Karen Guyette	08/20/2012	08/20/2012

SERFF Tracking #:	THRV-128586584	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
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Project Name/Number:	/		

Disposition

Disposition Date: 08/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement	Approved-Closed	Yes
Supporting Document	Address Change Endorsement	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form (revised)	Statement of Good Health	Approved-Closed	Yes
Form	Statement of Good Health	Replaced	Yes

State: Arkansas **Filing Company:** Thrivent Financial for Lutherans
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: Statement of Good Health (2012)
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/09/2012
Submitted Date	08/09/2012
Respond By Date	

Dear Karen Guyette,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Statement of Good Health, 26817 N1-12 (Form)

Comments:

Will this form be used on a stand-alone basis? If so, the form needs to contain a Fraud Statement as required by ACA 23-66-503.

Thank you for your cooperation.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name:	Statement of Good Health (2012)		
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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/20/2012
Submitted Date	08/20/2012

Dear Rosalind Minor,

Introduction:

The following is in reply to your objection letter of 8/09/2012.

Response 1

Comments:

This form will be used on a stand-alone basis. As required by ACA 23-66-503, a Fraud Statement has been added to page 2 of this form. The form number of this form has been changed from 26817 N1-12 to 26817AR N1-12.

Related Objection 1

Applies To:

- Statement of Good Health, 26817 N1-12 (Form)

Comments:

Will this form be used on a stand-alone basis? If so, the form needs to contain a Fraud Statement as required by ACA 23-66-503.

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
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Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	26817AR N1-12	AEF	Statement of Good Health	Revised	48.000	Application 26817AR N1-12.pdf	Date Submitted: 08/20/2012 By: Karen Guyette
<i>Previous Version</i>							
1	26817 N1-12	AEF	Statement of Good Health	Revised	48.000	Application 26817 N1-12.pdf	Date Submitted: 08/20/2012 By: Karen Guyette

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

Karen Guyette

State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	Statement of Good Health (2012)		
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Form Schedule

Lead Form Number: 26817 N1-12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/20/2012	26817AR N1-12	AEF	Statement of Good Health	Revised: Replaced Form #: 367 COD Previous Filing #:	48.000	Application 26817AR N1-12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Statement of Good Health

Application/Contract number	Date of application
Name of proposed insured (print title, first, middle, last name and suffix, as applicable)	
Name of other proposed insured (print title, first, middle, last name and suffix, as applicable)	
Name of proposed insured child(ren)	Name of proposed insured child(ren)
Name of proposed insured child(ren)	Name of proposed insured child(ren)
Name of proposed insured child(ren)	Name of proposed insured child(ren)

Supplementing the application/contract with Thrivent Financial or its affiliates, I hereby declare that the statements and answers in the application:

- were true and complete when originally made, and
- are true and complete and the same as if made at this time.

Since the date of application, the proposed insured/other proposed insured/insured child(ren) have not:

- Consulted or been advised to consult a physician, or other member of the medical profession, chiropractor, counselor or any other health care provider for any reason.
- Been medically treated or evaluated at a hospital, clinic or other facility or been medically advised to have any treatment, test, surgery, biopsy, hospitalization.
- Received or been advised to utilize nursing home care or home health care or been unable to care for himself/herself without the help or supervision of another person.
- Been advised by a physician, chiropractor or medical therapist to restrict or avoid normal activities due to illness or injury.
- Other than as specifically stated on the application:
 - Taken any prescription medications
 - Participated in aviation activities, motorcycle racing, mountain climbing, powerboat racing, hang gliding, auto racing, ballooning, sky diving or skin/scuba diving
 - Used cigarettes, tobacco or other nicotine based products
 - Had any change in occupation
- Had an application for insurance or reinstatement of insurance declined or modified.

Provide details for any exceptions to the above representations. Include the full name and address of any doctors.

Name of proposed insured/other proposed insured/child

Details for exceptions and full name and address of any doctors.

Name of proposed insured/other proposed insured/child

Details for exceptions and full name and address of any doctors.

Name of proposed insured/other proposed insured/child

Details for exceptions and full name and address of any doctors.

Name of proposed insured/other proposed insured/child

Details for exceptions and full name and address of any doctors.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The representations above are true to the best of my knowledge. Any false or incomplete statements could result in the loss of coverage. This Statement of Good Health will become part of the insurance contract.

Signature of proposed insured (age 16 or over) and date signed (mm/dd/yyyy)

Signature of parent or guardian (if insured is age 0-15) and date signed (mm/dd/yyyy)

Signature of other proposed insured and date signed (mm/dd/yyyy)

Signature of representative and date signed (mm/dd/yyyy)

SERFF Tracking #:	THR-128586584	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:	Thrivent Financial for Lutherans		
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other				
Product Name:	Statement of Good Health (2012)				
Project Name/Number:	/				

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Name Change Endorsement	Approved-Closed	08/20/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Address Change Endorsement	Approved-Closed	08/20/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
AR SOGH Flesch Ctf.pdf			

ARKANSAS

Certification

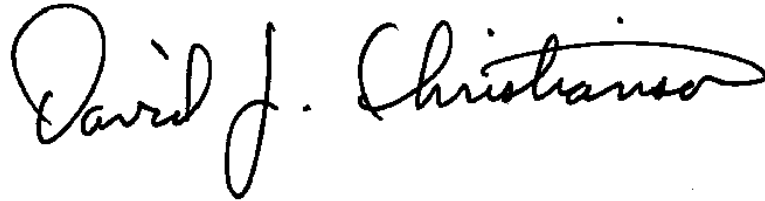
I, David J. Christianson, an officer of Thrivent Financial for Lutherans, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test and that this form complies with the requirements of Arkansas Code Ann. 23-80-206.

Form

26817 N1-12

Flesch Score

48

A handwritten signature in black ink that reads "David J. Christianson". The signature is fluid and cursive, with a large initial "D" and a long horizontal stroke at the end.

7/26/2012

Date

David J. Christianson
Director, Contract Forms and Compliance

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Product Name:	Statement of Good Health (2012)		
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Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/25/2012	Form	Statement of Good Health	08/20/2012	Application 26817 N1-12.pdf (Superceded)

Statement of Good Health

Application/Contract number	Date of application
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Name of other proposed insured (print title, first, middle, last name and suffix, as applicable)	
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- Consulted or been advised to consult a physician, or other member of the medical profession, chiropractor, counselor or any other health care provider for any reason.
- Been medically treated or evaluated at a hospital, clinic or other facility or been medically advised to have any treatment, test, surgery, biopsy, hospitalization.
- Received or been advised to utilize nursing home care or home health care or been unable to care for himself/herself without the help or supervision of another person.
- Been advised by a physician, chiropractor or medical therapist to restrict or avoid normal activities due to illness or injury.
- Other than as specifically stated on the application:
 - Taken any prescription medications
 - Participated in aviation activities, motorcycle racing, mountain climbing, powerboat racing, hang gliding, auto racing, ballooning, sky diving or skin/scuba diving
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Signature of representative and date signed (mm/dd/yyyy)
